

TOMPKINS COUNTY ABSENTEE BALLOT APPLICATION (8-400)

REV 09/15/11

YOU MAY APPLY TO: Tompkins County Board of Elections, 128 E. Buffalo St., Ithaca, NY 14850 (607) 274-5521

A I AM A REGISTERED AND QUALIFIED VOTER IN TOMPKINS COUNTY		FOR OFFICE USE ONLY
Name _____ Date of Birth _____ Phone # _____		Date: _____
Tompkins County Address _____		City/Town/District: _____
E-mail _____		Registration# _____
Mail ballot to this address: _____ (Ballots are mailed approximately 3 weeks before each election)		Party _____
I designate the following person to pick up my ballot: _____		VIO _____ TAKEN _____
		MAILED _____

B I am requesting, in good faith, an absentee ballot due to (check ONE): _____ Absent from County on Election Day _____ Temporary Illness or disability _____ Primary caregiver for ill or disabled person(s) _____ Detention in jail awaiting action by a grand jury or a trial or confined in jail for an offense other than a felony	C Ballots are requested for the following Elections: _____ General _____ Primary _____ Village _____ Any Election held between the following dates: dates of absence _____ / _____ / _____ to _____ / _____ / _____ for Election Dates/Information go to www.votetompkins.com
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D ALL APPLICANTS MUST SIGN BELOW <i>I certify that the information in this application is true and correct and understand that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.</i> Sign Here _____ Date _____ Applications must be signed and delivered to the Tompkins County Board of Elections not later than 5:00pm the day before Election Day or postmarked not later than seven (7) days before the Election.	THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN: <i>I state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made or received assistance in making my mark in lieu of my signature.</i> Date _____ Mark of Applicant _____ I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed their mark to said application and understand this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains any material false statement, shall subject me to the same penalties as if I had been duly sworn. Signature of Witness _____ Address of Witness _____
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